FORM DEO

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076

Expires: November 30, 2008

Estimated average burden hours per response...16

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY

Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
Limited Liability Company Member Interests							
Filing Under (Check box(es) th	at apply): Rule 504	□ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE		
Type of Filing:	⊠ New Filing	☐ Amendment		TO 4 000 1			
		A. BASIC IDEN	TIFICATION	DATA			
1. Enter the information request							
Name of Issuer (☐ check if this							
ADMG Moroso Partners	, LLC		PROCES	SED	08065911		
Address of Executive Offices 825 Parkway, Suite 4, J	(Number and Street, City, Statupiter, FL 33477	te, Zip Code)	NOV 2 8	2008	Telephone Number (Including Area Code) (561) 745-8545		
Address of Principal Business	s Operations (if different from	Executive Offices) (Num	THOMSON R	EUTERS	Telephone Number (including Area Code)		
Brief Description of Business Racetrack opera							
Type of Business Organization corporation business trust Dimited partnership, already formed Dimited partnership, to be formed Dimited partnership, to be formed							
Actual or Estimated Date of Inc	corporation or Organization:	Month Year	☑ Actual	☐ Estimated			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: F L CN for Canada; FN for other foreign jurisdiction)							
GENERAL INSTRUCTIONS							
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).							
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.							
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.							
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.							
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.							
Filing Fac: There is no federal	filing fee						

FTL:2953886:2

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

State:
This Notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in

accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Full Name (Last name first, if i	ndividual)				
					Managing Partner
Lubeck, Joseph	A1 1 1 1	A	-		
Business or Residence Address		Street, City, State, Zip Code)			
825 Parkway, Suite 4, Jupite Check Box(es) that Apply: L	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if i	ndividual)				Managing Partner
Business or Residence Address	(Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply: [☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if i					Managing Partner
, and traine (East limite Hist, II i	,				
Business or Residence Address	(Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply: L	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or
		Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, if i	•				
Business or Residence Address	(Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply: [Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				Managing Farther
Business or Residence Address	(Number and	Street, City, State, Zip Code)	 		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Full Name (Last name first, if i	ndividual)			• .	Managing Partner
Business or Residence Address	(Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if i	ndividual)				Managing Partner
Business or Residence Address	(Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply: C	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if i	ndividual)			=.	Managing Partner
Business or Residence Address	(Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				Managing Faither

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				T) T) (00 D3 4 4 7	was in the		SOUNCE.				
						TON ABO					Yes	No
1.	Has the issuer s Ans	old, or does th wer also in Ap	e issuer inten pendix, Colui	d to sell, to no mn 2, if filing	n-accredited in under ULOE.	nvestors in thi	s offering? .				Yes	No XI
2.	What is the mir	imum investm	ent that will t	be accepted fro	om any individ	iual?					\$ <u>100</u>	.000
3.	Does the offerin	ng permit joint	ownership of	a single unit?	'				. ,		Yes (X)	No
4.	Enter the inform solicitation of p dealer registered persons of such	nation requeste urchasers in co I with the SEC a broker or de	ed for each pe onnection with and/or with aler, you may	rson who has h sales of secu a state or state set forth the i	been or will be rities in the of s, list the nam information fo	e paid or giver fering. If a pe e of the broke r that broker o	i, directly or in rson to be liste r or dealer. If r dealer only.	ndirectly, any ed is an assoc more than fiv	commission or lated person or e (5) persons to	similar remu agent of a bro o be listed are	neration for oker or associated	
Full Name	(Last name first	, if individual)										
Business o	r Residence Ado	ress (Number	and Street, C	ity, State, Zip	Code)							
Name of A	ssociated Broke	r or Dealer										<u></u>
States in V	Vhich Person Lis	ted Has Solicit	ted or Intends	to Solicit Pur	chasers							
	(Check "All Sta	tes" or check i	ndividual Stat	tes)					☐ All States			
[AI	.) [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[17	.] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	I] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name first	, if individual)			 							
Business o	r Residence Add	ress (Number	and Street C	ity State Zin	Code							
		-			Code,							
Name of A	ssociated Broke	r or Dealer										
States in W	Vhich Person Lis	ted Has Solicit	ed or Intends	to Solicit Pure	chasers							
	(Check "All Sta	tes" or check i	ndividual Stat	tes)					☐ All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]
Full Name	(Last name first	, if individual)										
Business o	r Residence Add	ress (Number	and Street, C	ity, State, Zip	Code)							
Name of A	ssociated Broke	or Dealer	-									
States in W	hich Person Lis	ted Has Solicit	ed or Intends	to Solicit Pure	hasers	 -						
	(Check "All Sta	tes" or check is	ndividual Stat	tes)					☐ All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	נידין	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗖 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged, Type of Security Amount Already Aggregate Offering Price Sold Debt -0-Equity ☐ Common Convertible Securities (including warrants) Partnership Interests 6,500,000 Other (Specify): ____Limited Liability Company Member Interests _____ \$ 6.500,000 Total _____ \$_6,500,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$_6,500,000 Accredited Investors -0-Non-accredited Investors \$ -0-Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of Offering Rule 505 Regulation A Rule 504 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. **図** \$ Printing and Engraving Cost. ፟ \$____ Legal Fees **図 \$**_50,000 Accounting Fees. 🗵 \$____ Engineering Fees. X \$ Sales Commissions (specify finders' fees separately) ☒ \$_____ Other Expenses (identify) ☒ \$____

Total.....

Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer.".....

⊠ s___

\$ <u>6.450,000</u>

5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C -		
	Question 4.b above.	Payments to Officers, Directors, Affiliates	& Payments To
	Salaries and Fees	区\$	
	Purchases of real estate	図\$	
	Purchase, rental or leasing and installation of machinery and equipment	⊠\$	<u></u>
	Construction or leasing of plant buildings and facilities	区\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	⊠s	<u></u>
	Repayment of Indebtedness	⊠ \$	<u> </u>
	Working Capital	⊠\$	□ \$ 6,450,000
	Other (specify):	Ø s	<u> </u>
	Column Totals	⊠\$	⊠\$ <u>6,450,000</u>
_	Total Payments Listed (column totals added)	⊠ \$	6,450,000
	D. FEDERAL SIGNATURE		
unde	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 50 taking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information pursuant to paragraph (b)(2) of Rule 502.		
	per (Print or Type) DMG Moroso Partners, LLC	Date Nove	mber 4, 2008
Na	me of Signer (Print or Type) Title of Signer (Print or Type)	•	
Jo	seph G. Lubeck Manager		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)